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=> d his

     (FILE 'HOME' ENTERED AT 10:44:36 ON 17 NOV 2002)

     FILE 'CAPLUS' ENTERED AT 10:44:54 ON 17 NOV 2002
L1            38 S PMDD
L2             0 S L1 AND GESTAGEN
L3             0 S L1 AND ESTROGEN
L4             0 S L1 AND DROSPIRENONE
L5             0 S L1 AND CYPEROTERONE ACETATE
L6             0 S L1 AND DIENOGEST
L7             0 S L1 AND ETHINYLESTRADIOL
L8             0 S L1 AND ESTRADIOL VALERATE
L9            22 S L1 AND TREATMENT
L10            5 S L9 AND USE

=> d l9 15-22-ibib hitstr abs
'15-22-IBIB' IS NOT A VALID FORMAT FOR FILE 'CAPLUS'

The following are valid formats:

ABS --------- GI and AB
ALL --------- BIB, AB, IND, RE
APPS -------- AI, PRAI
BIB --------- AN, plus Bibliographic Data and PI table (default)
CAN --------- List of CA abstract numbers without answer numbers
CBIB -------- AN, plus Compressed Bibliographic Data
DALL -------- ALL, delimited (end of each field identified)
DMAX -------- MAX, delimited for post-processing
FAM --------- AN, PI and PRAI in table, plus Patent Family data
FBIB -------- AN, BIB, plus Patent FAM
IND --------- Indexing data
IPC --------- International Patent Classifications
MAX --------- ALL, plus Patent FAM, RE
PATS -------- PI, SO
SAM --------- CC, SX, TI, ST, IT
SCAN -------- CC, SX, TI, ST, IT (random display, no answer numbers;
              SCAN must be entered on the same line as the DISPLAY,
              e.g., D SCAN or DISPLAY SCAN)
STD --------- BIB, IPC, and NCL

IABS -------- ABS, indented with text labels
IALL -------- ALL, indented with text labels
IBIB -------- BIB, indented with text labels
IMAX -------- MAX, indented with text labels
ISTD -------- STD, indented with text labels

OBIB -------- AN, plus Bibliographic Data (original)
OIBIB ------- OBIB, indented with text labels

SBIB -------- BIB, no citations
SIBIB ------- IBIB, no citations

HIT --------- Fields containing hit terms
HITIND ------ IC, ICA, ICI, NCL, CC and index field (ST and IT)
              containing hit terms
HITRN ------- HIT RN and its text modification
HITSTR ------ HIT RN, its text modification, its CA index name, and
              its structure diagram
HITSEQ ------ HIT RN, its text modification, its CA index name, its
              structure diagram, plus NTE and SEQ fields
FHITSTR ----- First HIT RN, its text modification, its CA index name, and
              its structure diagram
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FHITSEQ ----- First HIT RN, its text modification, its CA index name, its structure diagram, plus NTE and SEQ fields
KWIC -------- Hit term plus 20 words on either side
OCC --------- Number of occurrence of hit term and field in which it occurs

To display a particular field or fields, enter the display field codes. For a list of the display field codes, enter HELP DFIELDS at an arrow prompt (=>). Examples of formats include: TI; TI,AU; BIB,ST; TI,IND; TI,SO. You may specify the format fields in any order and the information will be displayed in the same order as the format specification.

All of the formats (except for SAM, SCAN, HIT, HITIND, HITRN, HITSTR, FHITSTR, HITSEQ, FHITSEQ, KWIC, and OCC) may be used with DISPLAY ACC to view a specified Accession Number.
ENTER DISPLAY FORMAT (BIB):end

=> d l9 15-22 ibib hitstr abs

L9 ANSWER 15 OF 22 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1998:233188 CAPLUS
DOCUMENT NUMBER: 128:289598
TITLE: Serotonin re-uptake inhibitors in the **treatment** of premenstrual dysphoria: Current state of knowledge
AUTHOR(S): Steiner, Meir; Judge, Rajinder; Kumar, Raj
CORPORATE SOURCE: Departments of Psychiatry and Biomedical Sciences, St Joseph's Hospital, McMaster University, Hamilton, ON, L8N 4A6, Can.
SOURCE: International Journal of Psychiatry in Clinical Practice (1997), 1(4), 241-247
CODEN: IJPCFZ; ISSN: 1365-1501
PUBLISHER: Martin Dunitz Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review with 77 refs. Late luteal phase dysphoric disorder (LLPDD) and the more recently introduced premenstrual dysphoric disorder (**PMDD**) are recognized psychiatric disorders that consist of distressing emotional and behavioral symptoms that occur premenstrually. Recently, advances have been made in understanding the etiol. of the disorder, with clear evidence to implicate the serotonergic system. In women with predominately psychol. symptoms, selective serotonin re-uptake inhibitors (SSRIs), as well as clomipramine, have demonstrated excellent efficacy and minimal side effects.

L9 ANSWER 16 OF 22 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1998:195739 CAPLUS
DOCUMENT NUMBER: 128:266170
TITLE: **Treatment** of premenstrual dysphoric disorder with sertraline during the luteal phase: a randomized, double-blind, placebo-controlled crossover trial
AUTHOR(S): Young, Stephen A.; Hurt, Peyton H.; Benedek, David M.; Howard, Robin S.
CORPORATE SOURCE: Department of Psychiatry, Walter Reed Army Medical Center, Washington, DC, USA
SOURCE: Journal of Clinical Psychiatry (1998), 59(2), 76-80
CODEN: JCLPDE; ISSN: 0160-6689
PUBLISHER: Physicians Postgraduate Press
DOCUMENT TYPE: Journal
LANGUAGE: English
AB The authors designed a randomized, double-blind, crossover study to assess the efficacy of sertraline in the **treatment** of premenstrual dysphoric disorder (**PMDD**) when given only during the luteal phase of the menstrual cycle. Thirty-one subjects were selected for a

7-mo study period that included an initial 2 mo of screening, 2 mo of **treatment** with placebo or sertraline, 1 washout month, and 2 mo of crossover **treatment** with either placebo or sertraline. Eleven subjects completed the study. Symptoms were monitored with daily reports using the Calendar of Premenstrual Experience (COPE). For each study phase, premenstrual COPE scores (7 days prior to menses) were examd. using repeated measures anal. of variance. Scores were logarithmically transformed. Comparison of baseline scores between the luteal and follicular phases was examd. using the paired t test. Anal. of COPE results during the **treatment** periods of the luteal phase showed a significant **treatment** effect, with higher scores during the placebo cycles compared with the sertraline-treated cycles (p=.0052 behavioral, p=.014 phys.). This study is the first to demonstrate a significant response to a serotonin selective reuptake inhibitor used only during the luteal phase. The authors point out the importance of this finding both in terms of economic cost to patients as well as how it may add to the growing understanding of the etiol. of **PMDD**.

L9 ANSWER 17 OF 22 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1998:137786 CAPLUS
DOCUMENT NUMBER: 128:226052
TITLE: Intermittent fluoxetine dosing in the **treatment** of women with premenstrual dysphoria
AUTHOR(S): Steiner, Meir; Korzekwa, Marilyn; Lamont, John; Wilkins, Annette
CORPORATE SOURCE: Departments of Psychiatry and Biomedical Sciences, St. Joseph's Hospital, McMaster University, Hamilton, ON, L8N 4A6, Can.
SOURCE: Psychopharmacology Bulletin (1997), 33(4), 771-774
CODEN: PSYBB9; ISSN: 0048-5764
PUBLISHER: National Institute of Mental Health
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Some women experience premenstrual mood symptoms that severely disrupt their lives and relationships. These women often require pharmacol. **treatment**. Selective serotonin reuptake inhibitors, particularly daily fluoxetine, have been proven superior to placebo in several randomized controlled trials. Twenty-four women with confirmed premenstrual dysphoric disorder (**PMDD**) and with a history of affective disorders or alcoholism were treated with fluoxetine 20 mg/day (continuous), and 24 women with **PMDD** and no psychiatric history were treated with fluoxetine 20 mg/day for 14 days premenstrually only (intermittent). Both groups received **treatment** for three menstrual cycles. Sixteen women (66.7%) in the continuous dosing group and 18 women (75.0%) in the intermittent group were classified as **treatment** responders. Intermittent dosing of fluoxetine seems to be effective and mostly free of side effects in women with **PMDD** and, therefore, may offer an attractive **treatment** option for a disorder that is itself intermittent.

L9 ANSWER 18 OF 22 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1997:674090 CAPLUS
DOCUMENT NUMBER: 127:314744
TITLE: Intermittent luteal phase sertraline **treatment** of dysphoric premenstrual syndrome
AUTHOR(S): Halbreich, Uriel; Smoller, Jordan W.
CORPORATE SOURCE: Biobehavioral Program, State University of New York (SUNY) Clinical Center at Buffalo, Buffalo, NY, 14215, USA
SOURCE: Journal of Clinical Psychiatry (1997), 58(9), 399-402
CODEN: JCLPDE; ISSN: 0160-6689
PUBLISHER: Physicians Postgraduate Press
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Dysphoric premenstrual syndrome (PMS) has been assocd. with serotonergic dysregulation, and serotonergic medications have been reported to alleviate the symptoms of PMS. We investigated the effects of the serotonin reuptake inhibitor sertraline given during only the luteal phase in women with dysphoric PMS. After baseline ratings were obtained during two menstrual cycles, 15 women with dysphoric PMS who also met DSM-IV criteria for premenstrual dysphoric disorder (**PMDD**) entered single-blind **treatment** with sertraline 100 mg/day for one full menstrual cycle. Women who responded to this **treatment** were randomly assigned to a four-cycle double-blind placebo-controlled crossover study in which sertraline 100 mg/day or placebo was each given only during luteal phases of two consecutive menstrual cycles. Eleven (79%) of fourteen women responded to single-blind full-cycle **treatment** with sertraline and were randomly assigned to the double-blind crossover study. Three patients dropped out of the study while taking placebo owing to nonresponse. For the remaining patients, sertraline given during the luteal phase produced significant improvements in depression, impairment, and global ratings compared with placebo and was equiv. in efficacy to sertraline given during the entire menstrual cycle. Women with dysphoric PMS who responded to continuous sertraline **treatment** responded equally well to sertraline **treatment** that was restricted to the luteal phase. Luteal phase **treatment** may have advantages in side effect burden and costs. Larger controlled trials are warranted to confirm this finding.

L9 ANSWER 19 OF 22 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1997:536489 CAPLUS
DOCUMENT NUMBER: 127:185769
TITLE: Comparison of fluoxetine, bupropion, and placebo in the **treatment** of premenstrual dysphoric disorder
AUTHOR(S): Pearlstein, Teri B.; Stone, Andrea B.; Lund, Sally A.; Scheft, Harriet; Zlotnick, Caron; Brown, Walter A.
CORPORATE SOURCE: Department of Psychiatry and Human Behavior, Brown University School of Medicine, Providence, RI, USA
SOURCE: Journal of Clinical Psychopharmacology (1997), 17(4), 261-266
CODEN: JCPYDR; ISSN: 0271-0749
PUBLISHER: Williams & Wilkins
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Serotonergic antidepressants have been shown to be effective treatments for premenstrual dysphoric disorder (**PMDD**). The efficacy of nonserotonergic antidepressants is less well studied. This study was a two-center, parallel design, placebo-controlled, randomized trial of fluoxetine, bupropion, and placebo in women with **PMDD**. Thirty-four women with **PMDD** completed 1 mo of single-blind placebo and 2 mo of fluoxetine 20 mg/day (N = 10), bupropion 100 mg three times daily (N = 12), or placebo (N = 12). Clin. Global Impressions (CGI) Scale, an expanded form of the Hamilton Rating Scale for Depression (HAM-D), and Global Assessment Scale (GAS) ratings were obtained premenstrually in each of the three **treatment** cycles. The three **treatment** groups differed significantly in efficacy by CGI ratings. Fluoxetine was superior to both bupropion and placebo. Comparison of posttreatment to pretreatment HAM and GAS scores demonstrated significant superior efficacy of fluoxetine compared with placebo. Posttreatment HAM and GAS scores for bupropion were intermediate between but not significantly different from fluoxetine or placebo. In summary, fluoxetine was significantly superior to bupropion and placebo as an effective **treatment** for **PMDD**. Although some improvement with bupropion was noted, and both medications were well tolerated, patient satisfaction was far greater with fluoxetine.

L9 ANSWER 20 OF 22 CAPLUS COPYRIGHT 2002 ACS

ACCESSION NUMBER: 1997:429935 CAPLUS
DOCUMENT NUMBER: 127:130838
TITLE: A naturalistic study of paroxetine in premenstrual syndrome: efficacy and side-effects during ten cycles of **treatment**
AUTHOR(S): Sundblad, Charlotta; Wikander, Ida; Andersch, Bjorn; Eriksson, Elias
CORPORATE SOURCE: Institute Physiology Pharmacology, University Goteborg, Goteborg, Swed.
SOURCE: European Neuropsychopharmacology (1997), 7(3), 201-206
CODEN: EURNE8; ISSN: 0924-977X
PUBLISHER: Elsevier
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Eighteen women with severe premenstrual syndrome (PMS) (premenstrual dysphoric disorder, **PMDD**) were treated openly with paroxetine for 10 consecutive menstrual cycles. Dosage was flexible (5-30 mg/day); also, the patients were free to chose between continuous medication and medication in the luteal phase only. The rating of premenstrual irritability, depressed mood, increase in appetite, and anxiety/tension was markedly lower during **treatment** with paroxetine than before, and this redn. in symptomatol. appeared unabated for the entire **treatment** period. Sedation, dry mouth, and nausea were common side-effects but declined during the course of the trial; in contrast, reduced libido and anorgasmia, which were reported by almost 50% of the participants, were not improved with time. The results indicate that the beneficial effects as well as the sexual side-effects of serotonin reuptake inhibitors persist unchanged for at least 10 consecutive cycles of **treatment**.

L9 ANSWER 21 OF 22 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1997:283385 CAPLUS
DOCUMENT NUMBER: 126:325329
TITLE: Fluoxetine in the **treatment** of premenstrual dysphoria
AUTHOR(S): Su, Tung-Ping; Schmidt, Peter J.; Danaceau, Merry A.; Tobin, Marie B.; Rosenstein, Donald L.; Murphy, Dennis L.; Rubinow, David R.
CORPORATE SOURCE: National Institute of Mental Health, Bethesda, MD, 20892-1276, USA
SOURCE: Neuropsychopharmacology (1997), 16(5), 346-356
CODEN: NEROEW; ISSN: 0893-133X
PUBLISHER: Elsevier
DOCUMENT TYPE: Journal
LANGUAGE: English

AB We performed a double-blind, placebo-controlled, crossover trial of fluoxetine in 17 women with prospectively confirmed PMS who also met criteria for premenstrual dysphoric disorder (**PMDD**). A subset of 10 women with **PMDD** and an addnl. 10 controls participated in a single-dose m-chlorophenylpiperazine (m-CPP) challenge during the follicular and luteal phases of the menstrual cycle. We evaluated the ability of the acute behavioral response to luteal phase m-CPP administration to predict therapeutic response to fluoxetine. Compared with baseline, fluoxetine, but not placebo, **treatment** significantly improved both emotional and phys. symptoms. We identified 11 (65%) fluoxetine responders who no longer met diagnostic criteria for **PMDD** during fluoxetine but remained symptomatic during placebo **treatment**. In addn., acute symptomatic improvement also occurred following m-CPP administration in 7 of 10 women with **PMDD**. The small no. of m-CPP nonresponders did not respond to fluoxetine either. Our findings confirm that fluoxetine is an effective **treatment** of **PMDD**.

L9 ANSWER 22 OF 22 CAPLUS COPYRIGHT 2002 ACS

ACCESSION NUMBER: 1996:426691 CAPLUS
DOCUMENT NUMBER: 125:76239
TITLE: Sertraline in the **treatment** of premenstrual dysphoric disorder
AUTHOR(S): Yonkers, Kimberly A.; Halbreich, Uriel; Freeman, Ellen; Brown, Candace; Pearlstein, Teri
CORPORATE SOURCE: Southwestern Medical Center, University Texas, Dallas, TX, 75235-9101, USA
SOURCE: Psychopharmacology Bulletin (1996), 32(1), 41-46
CODEN: PSYBB9; ISSN: 0048-5764
PUBLISHER: U.S. Dep. of Health and Human Services
DOCUMENT TYPE: Journal
LANGUAGE: English

AB It is estd. that 2 to 9 percent of women suffer from premenstrual dysphoric disorder (**PMDD**). Despite decades of research, effective treatments for the condition have eluded investigators. Research criteria for (**PMDD**) were established to promote investigation into the **treatment** and psychobiol. of severe, dysphoric premenstrual symptomatol. Application of these new criteria to clin. trials adds needed rigor to research in this area and justifies the identification of effective treatments. In this study, rigorous criteria were utilized in a 12-center trial investigating the efficacy of the serotonin reuptake inhibitor sertraline in the **treatment** of **PMDD**. The study was completed and data was available for 162 women. A preliminary anal. demonstrated a pos. response (very much improved or much improved) in 68 percent of patients treated with sertraline, compared with only 40 percent of patients treated with placebo ($p<.01$). This preliminary anal. provides strong support for the efficacy of sertraline as a **treatment** of severe premenstrual dysphoria.

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=> s PMS
L11 2890 PMS

=> s PMS and estrogen
2890 PMS
60067 ESTROGEN
L12 83 PMS AND ESTROGEN

=> s l12 and treatment
1718548 TREATMENT
L13 48 L12 AND TREATMENT

=> s l13 and gestogen
25 GESTOGEN
L14 0 L13 AND GESTOGEN

=> s l13 and gestagen
506 GESTAGEN
L15 0 L13 AND GESTAGEN

=> s l12 and gestagen
506 GESTAGEN
L16 1 L12 AND GESTAGEN

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L16 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1980:489189 CAPLUS
DOCUMENT NUMBER: 93:89189
TITLE: Induction of persistent estrus and concentration of **estrogen** and **gestagen** by **PMS** administration in the rat

AUTHOR(S): Furudate, Senichi; Masaki, Yoshihiko
CORPORATE SOURCE: Dep. Lab. Anim. Sci., Kitasato Univ. Sch. Med., Tokyo, Japan
SOURCE: Kitazato Igaku (1979), 9(6), 307-15
CODEN: KIIGDP; ISSN: 0385-5449
DOCUMENT TYPE: Journal
LANGUAGE: Japanese
AB Pregnant mare serum gonadotropin (**PMS**) [9002-70-4] administered to rats prolonged the estrous period >12 days. The blood levels of progesterone [57-83-0] and 20.alpha.-hydroxypregn-4-en-3-one [145-14-2] were low in the estrous period. The levels of estrone [53-16-7] and 17.beta.-estradiol [50-28-2] were increased immediately after **PMS** but decreased in days 4-9.

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     (FILE 'HOME' ENTERED AT 10:44:36 ON 17 NOV 2002)

     FILE 'CAPLUS' ENTERED AT 10:44:54 ON 17 NOV 2002
L1            38 S PMDD
L2             0 S L1 AND GESTAGEN
L3             0 S L1 AND ESTROGEN
L4             0 S L1 AND DROSPIRENONE
L5             0 S L1 AND CYPEROTERONE ACETATE
L6             0 S L1 AND DIENOGEST
L7             0 S L1 AND ETHINYLESTRADIOL
L8             0 S L1 AND ESTRADIOL VALERATE
L9            22 S L1 AND TREATMENT
L10            5 S L9 AND USE
L11         2890 S PMS
L12           83 S PMS AND ESTROGEN
L13           48 S L12 AND TREATMENT
L14            0 S L13 AND GESTOGEN
L15            0 S L13 AND GESTAGEN
L16            1 S L12 AND GESTAGEN

=> s l12 and estradiol
          65141 ESTRADIOL
L17          45 L12 AND ESTRADIOL

=> s l17 and PMDD
             38 PMDD
L18           0 L17 AND PMDD

=> s l17 and treatment
        1718548 TREATMENT
L19          25 L17 AND TREATMENT

=> s l19 and use
        1512347 USE
L20           0 L19 AND USE

=> s l19 drospirenone
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nested terms that are not separated by a logical operator.

=> s l19 drospirenone
MISSING OPERATOR L19 DROSPIRENON
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nested terms that are not separated by a logical operator.

=> s l19 and drospirenone
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69 DROSPIRENONE
L21 0 L19 AND DROSPIRENONE

=> d l19 1-10 ibib hitstr abs

L19 ANSWER 1 OF 25 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 2002:739407 CAPLUS
DOCUMENT NUMBER: 137:273292
TITLE: Transdermal estrogens for the **treatment** of premenstrual syndrome
AUTHOR(S): Studd, J.; Cronje, W.
CORPORATE SOURCE: Academic Department of Obstetrics and Gynaecology, Chelsea & Westminster Hospital, London, SW10 9NH, UK
SOURCE: Advances in Gynecological Endocrinology, Proceedings of the Plenary Sessions of the World Congress of Gynecological Endocrinology, 8th, Florence, Italy, Dec. 6-9, 2000 (2002), Meeting Date 2000, 83-89. Editor(s): Genazzani, A. R.; Petraglia, F.; Artini, P. G. Parthenon Publishing Group: New York, N. Y. CODEN: 69DCQ6; ISBN: 1-84214-071-X
DOCUMENT TYPE: Conference; General Review
LANGUAGE: English
AB A review. Suppression of ovulation is the most successful and most logical **treatment** for severe premenstrual syndrome. This can easily be performed by transdermal estrogens either by patches using 100 to 200 .mu.g patches twice weekly or by hormone implants of 50 to 75 .mu.g of **estradiol** every 6 mo. GnRH analogs are also effective. Patients having transdermal estrogens require cyclical progestogen to prevent endometrial hyperplasia and irregular bleeding, but **PMS** symptoms can return with oral progestogen therapy. If this progestogen intolerance occurs, it is more common in patients with **PMS**, further **treatment** may consist of insertion of a progestogen releasing Mirena IUS or even hysterectomy and bilateral salpingo-oophorectomy with longterm **estrogen** therapy.
REFERENCE COUNT: 27 THERE ARE 27 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L19 ANSWER 2 OF 25 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1996:168954 CAPLUS
DOCUMENT NUMBER: 124:257547
TITLE: Decreased central opioid activity in premenstrual syndrome: luteinizing hormone response to naloxone
AUTHOR(S): Rapkin, Andrea J.; Shoupe, Donna; Reading, Anthony; Daneshgar, K. Kevin; Goldman, Linda; Bohn, Yvonne; Brann, Darrell W.; Mahesh, Virenda B.
CORPORATE SOURCE: School of Medicine, UCLA, Los Angeles, CA, USA
SOURCE: Journal of the Society for Gynecologic Investigation (1996), 3(2), 93-8 CODEN: JSGIED; ISSN: 1071-5576
PUBLISHER: Elsevier
DOCUMENT TYPE: Journal
LANGUAGE: English
AB The object of this study was to evaluate central opioid activity in women with prospectively documented premenstrual syndrome (**PMS**) and control women in the mid- and late luteal phases of the menstrual cycle. Blood was collected every 15 min 1 h before (0800) and 2 h after **treatment** (0900-1100). The **treatment** was administered in a randomized fashion and consisted of naloxone 1 or 4 mg or placebo, and blood was assayed for LH. Baseline **estradiol**, progesterone, and prolactin were measured at 0800 and 0900 h. There was a significant increase in LH area under the curve and mean LH in response to naloxone in the midluteal phase in the controls. The **PMS** subjects did not display a significant increase in LH concn. in response to naloxone in the midluteal phase. There were no significant LH responses to naloxone in

that of ovarian PR.

L19 ANSWER 5 OF 25 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1984:17904 CAPLUS
DOCUMENT NUMBER: 100:17904
TITLE: **Estradiol** synthesis by granulosa cells from immature rats treated with pregnant mare's serum gonadotropin
AUTHOR(S): Johnson, Donald C.; Hoversland, Roger C.
CORPORATE SOURCE: Med. Cent., Univ. Kansas, Kansas City, KS, 66103, USA
SOURCE: Acta Endocrinol. (Copenhagen) (1983), 104(3), 372-80
CODEN: ACENA7; ISSN: 0001-5598
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Granulosa cells harvested from follicles in hypophysectomized or intact immature rats treated with 20 IU of pregnant mare's serum gonadotropin (**PMS**) [9002-70-4] produced immunoreactive **estradiol** (E2) [50-28-2] when incubated in Krebs Ringer bicarbonate buffer contg. an NADPH-generating system; inclusion of steroid substrates in the medium increased the rate of synthesis. Further, tritiated E2 was synthesized when labeled progesterone [57-83-0] was used as substrate. Granulosa cells removed from pre-ovulatory follicles on the morning of proestrus in adult females also produced E2 in vitro. Although E2 synthesis by cells from immature hypophysectomized rats was apparent within 12 h of **PMS treatment**, it increased greatly with longer in vivo exposure to the gonadotropin. Prodn. was linear with the no. of cells incubated and with time, at least through the 1st 30 min; the prodn. rate decreased slightly with longer incubations. Exposure of the cells in vivo to hCG or ovine LH [9002-67-9], before incubation, destroyed most of their ability to synthesize E2 even if progesterone or pregnenolone [145-13-1] was added to the medium, but conversion of testosterone [58-22-0] to E2 was reduced by only about 50%. Inhibitors of steroid synthesis, i.e., 4-hydroxyandrostenedione [566-48-3], SU-10-603 [786-97-0], cyanoketone, or aminoglutethimide [125-84-8], greatly reduced the amt. of E2 synthesized by the cells. Thus, granulosa cells exposed in vivo to gonadotropin can synthesize E2 without the addn. of androgenic substrate provided that cofactors are supplied. This finding has important implications for the current "two cell" theory for **estrogen** prodn. by the ovary. A deficiency in steroidogenic enzymes within the granulosa cell appears to be an inadequate basis for the theory. However, the total synthesis of E2 in vivo by granulosa cells has not been shown.

L19 ANSWER 6 OF 25 CAPLUS COPYRIGHT 2002 ACS
ACCESSION NUMBER: 1983:464641 CAPLUS
DOCUMENT NUMBER: 99:64641
TITLE: Lack of inhibitory effect of exogenous prolactin on ovarian responsiveness to gonadotropins in the rat
AUTHOR(S): Kawagoe, Shinnosuke; Hiroi, Masahiko
CORPORATE SOURCE: Sch. Med., Yamagata Univ., Yamagata, 990-23, Japan
SOURCE: Endocrinol. Jpn. (1983), 30(1), 127-31
CODEN: ECJPAE; ISSN: 0013-7219
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Possible antigonadotropic actions of prolactin (PRL) [9002-62-4] were studied at the ovarian level. Immature female Wistar rats were injected s.c. with pregnant mare serum gonadotropin (**PMS**) [9002-70-4] (5-10 IU) at 0900 h on day 23 of age, followed an i.p. injection of human chorionic gonadotropin (HCG) [9002-61-3] at 1400 h on day 25. In all animals treated with **PMS** and HCG, ova were found in the oviducts when examd. at 0900 h on day 26 of age. Rat PRL was administered either at various doses (1.0-20 .mu.g/day) in the morning (0800 h) on days 23-25 or at 5 .mu.g/day for 10 days prior to HCG injection. The ability of exogenous gonadotropins to induce ovulation and wt. gain by the ovary were

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NEWS 3	Apr 09	BEILSTEIN: Reload and Implementation of a New Subject Area
NEWS 4	Apr 09	ZDB will be removed from STN
NEWS 5	Apr 19	US Patent Applications available in IFICDB, IFIPAT, and IFIUDB
NEWS 6	Apr 22	Records from IP.com available in CAPLUS, HCAPLUS, and ZCAPLUS
NEWS 7	Apr 22	BIOSIS Gene Names now available in TOXCENTER
NEWS 8	Apr 22	Federal Research in Progress (FEDRIP) now available
NEWS 9	Jun 03	New e-mail delivery for search results now available
NEWS 10	Jun 10	MEDLINE Reload
NEWS 11	Jun 10	PCTFULL has been reloaded
NEWS 12	Jul 02	FOREGE no longer contains STANDARDS file segment
NEWS 13	Jul 22	USAN to be reloaded July 28, 2002; saved answer sets no longer valid
NEWS 14	Jul 29	Enhanced polymer searching in REGISTRY
NEWS 15	Jul 30	NETFIRST to be removed from STN
NEWS 16	Aug 08	CANCERLIT reload
NEWS 17	Aug 08	PHARMAMarketLetter(PHARMAML) - new on STN
NEWS 18	Aug 08	NTIS has been reloaded and enhanced
NEWS 19	Aug 19	Aquatic Toxicity Information Retrieval (AQUIRE) now available on STN
NEWS 20	Aug 19	IFIPAT, IFICDB, and IFIUDB have been reloaded
NEWS 21	Aug 19	The MEDLINE file segment of TOXCENTER has been reloaded
NEWS 22	Aug 26	Sequence searching in REGISTRY enhanced
NEWS 23	Sep 03	JAPIO has been reloaded and enhanced
NEWS 24	Sep 16	Experimental properties added to the REGISTRY file
NEWS 25	Sep 16	Indexing added to some pre-1967 records in CA/CAPLUS
NEWS 26	Sep 16	CA Section Thesaurus available in CAPLUS and CA
NEWS 27	Oct 01	CASREACT Enriched with Reactions from 1907 to 1985
NEWS 28	Oct 21	EVENTLINE has been reloaded
NEWS 29	Oct 24	BEILSTEIN adds new search fields
NEWS 30	Oct 24	Nutraceuticals International (NUTRACEUT) now available on STN
NEWS 31	Oct 25	MEDLINE SDI run of October 8, 2002

NEWS EXPRESS	October 14 CURRENT WINDOWS VERSION IS V6.01, CURRENT MACINTOSH VERSION IS V6.0a(ENG) AND V6.0Ja(JP), AND CURRENT DISCOVER FILE IS DATED 01 OCTOBER 2002
NEWS HOURS	STN Operating Hours Plus Help Desk Availability
NEWS INTER	General Internet Information
NEWS LOGIN	Welcome Banner and News Items
NEWS PHONE	Direct Dial and Telecommunication Network Access to STN
NEWS WWW	CAS World Wide Web Site (general information)

Enter NEWS followed by the item number or name to see news on that specific topic.

11/9/02

09958813

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FILE 'HOME' ENTERED AT 16:09:29 ON 15 NOV 2002

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	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	0.21	0.21

FILE 'CAPLUS' ENTERED AT 16:09:49 ON 15 NOV 2002
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FILE COVERS 1907 - 15 Nov 2002 VOL 137 ISS 21
FILE LAST UPDATED: 14 Nov 2002 (20021114/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

CAS roles have been modified effective December 16, 2001. Please check your SDI profiles to see if they need to be revised. For information on CAS roles, enter HELP ROLES at an arrow prompt or use the CAS Roles thesaurus (/RL field) in this file.

=> s PMDD
L1 38 PMDD

=> s l1 and treatment
1718132 TREATMENT
L2 22 L1 AND TREATMENT

=> s l1 and estorgen
10 ESTORGEN
L3 0 L1 AND ESTORGEN

=> s l1 and gestogen
25 GESTOGEN

STN

QAZI 09/619,493

11/17/02

=> d bib abs hitstr 1

L28 ANSWER 1 OF 4 HCAPLUS COPYRIGHT 2001 ACS

AN 2001:159234 HCAPLUS

DN 134:275892

TI The acceptability of a novel oral contraceptive containing **drospirenone** and its effect on well-being

AU Boschitsch, E.; Skarabis, H.; Wuttke, W.; Heithecker, R.

CS Ambulatorium Klimax, Vienna, A-1060, Austria

SO Eur. J. Contracept. Reprod. Health Care (2000), 5(Suppl. 3), 34-40
CODEN: ECRCFK; ISSN: 1362-5187

PB Parthenon Publishing Group Ltd.

DT Journal

LA English

AB Low-dose combined oral contraceptives are generally well tolerated and represent an excellent reversible form of contraception that is suitable for most women. Certain aspects of the clin. profile of combined oral contraceptives, such as intermenstrual bleeding and a tendency to wt. gain, are, however, known to have an adverse effect on compliance, which may in a few women lead to contraceptive failure or pill discontinuation. Conversely, factors that have a pos. effect, such as relief from the symptoms of **premenstrual** syndrome, can enhance compliance. An oral contraceptive that minimizes the adverse and enhances the pos. effects would, therefore, be likely to improve compliance. Recently, a new combined oral contraceptive contg. 30 .mu.g ethinylestradiol and 3 mg **drospirenone** (Yasmin, EE/DRSP) has been developed. The pharmacol. profile of **drospirenone** is very similar to that of natural progesterone; in particular, it has antimineralocorticoid activity. This counteracts estrogen-mediated fluid retention, resulting in stable or slightly lowered body wt. In addn., **drospirenone** has antiandrogenic activity and therefore a pos. effect on skin conditions. Present data also indicate that EE/DRSP has a favorable effect on the symptoms of **premenstrual** syndrome. In order to evaluate whether the pos. effects of **drospirenone** on body wt., skin and the symptoms of **premenstrual** syndrome are also obsd. on well-being, a survey was carried out. This asked women who had been involved in two major clin. trials how they felt after these trials had ended, in comparison with the study periods when they were taking EE/DRSP or a combined oral contraceptive contg. 30 .mu.g ethinylestradiol/150 .mu.g desogestrel (Marvelon, EE/DSG). The returned questionnaires demonstrated that, with respect to their disposition before and during menses, women who had taken EE/DRSP felt worse after the trial had ended and they had returned to taking a conventional prepn. This was also evident on the basis of their body wts. and the condition of their skin and hair. These results from clin. trials with EE/DRSP indicate that it is a well-tolerated combined oral contraceptive that has a pos. effect on body wt., skin and the symptoms of **premenstrual** syndrome. Overall, the combination of 30 .mu.g ethinylestradiol/3 mg **drospirenone** appears to improve specific aspects assocd. with feelings of well-being, which may result in better compliance.

IT **164017-31-6**, Yasmin
RL: ADV (Adverse effect, including toxicity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(acceptability of oral contraceptive contg. **drospirenone** and its effect on well-being in women)

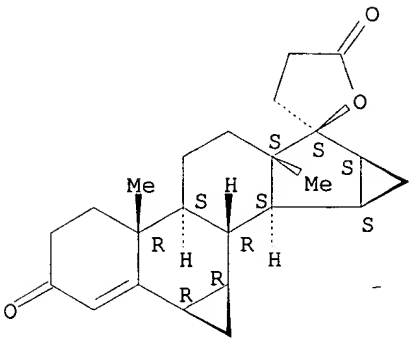
RN 164017-31-6 HCAPLUS

CN 19-Norpregna-1,3,5(10)-trien-20-yne-3,17-diol, (17.alpha.)-, mixt. with (2'S,6R,7R,8R,9S,10R,13S,14S,15S,16S)-1,3',4',6,7,8,9,10,11,12,13,14,15,16,20,21-hexadecahydro-10,13-dimethylspiro[17H-dicyclopropa[6,7:15,16]cyclopenta[a]phenanthrene-17,2'(5'H)-furan]-3,5'(2H)-dione (9CI) (CA INDEX NAME)

CM 1

CRN 67392-87-4
CMF C24 H30 O3

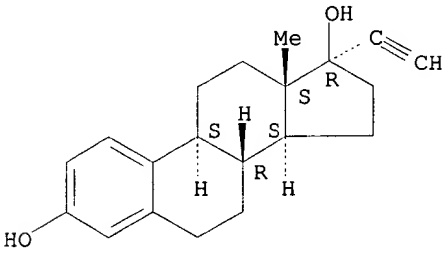
Absolute stereochemistry.



CM 2

CRN 57-63-6
CMF C20 H24 O2
CDES 4:17A.PREGN

Absolute stereochemistry.

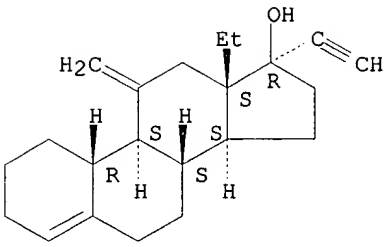


IT **71138-35-7**, Marvelon
RL: ADV (Adverse effect, including toxicity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(acceptability of oral contraceptive contg. **drospirenone** or desogestrel and their effect on well-being in women)
RN 71138-35-7 HCAPLUS
CN 19-Norpregna-1,3,5(10)-trien-20-yne-3,17-diol, (17.alpha.)-, mixt. with (17.alpha.)-13-ethyl-11-methylene-18,19-dinorpregn-4-en-20-yn-17-ol (9CI) (CA INDEX NAME)

CM 1

CRN 54024-22-5
CMF C22 H30 O

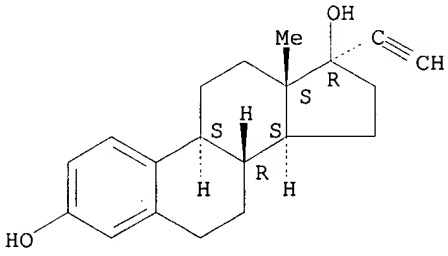
Absolute stereochemistry. Rotation (+).



CM 2

CRN 57-63-6
CMF C20 H24 O2
CDES 4:17A.PREGN

Absolute stereochemistry.



RE.CNT 16
RE
(4) Foidart, J; Eur J Contracept Reprod Health Care 2000, V5, P124 HCAPLUS
(6) Fuhrmann, U; Contraception 1996, V54, P243 HCAPLUS
(7) Huber, J; Eur J Contracept Reprod Health Care 2000, V5, P25 HCAPLUS
(10) Muhn, P; Contraception 1995, V51, P99 HCAPLUS
(13) Parsey, K; Contraception 2000, V61, P105 HCAPLUS
ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> d bib abs hitstr 2

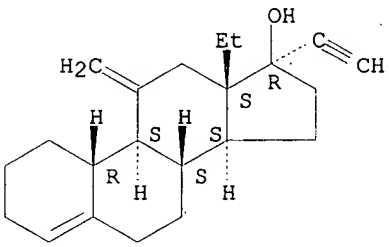
L28 ANSWER 2 OF 4 HCAPLUS COPYRIGHT 2001 ACS
AN 2000:573249 HCAPLUS
DN 133:276507
TI A comparative investigation of contraceptive reliability, cycle control and tolerance of two monophasic oral contraceptives containing either **drospirenone** or desogestrel
AU Foidart, J. -M.; Wuttke, W.; Bouw, G. M.; Gerlinger, C.; Heithecker, R.
CS Department of Gynecology and Obstetrics, University of Liege, Liege, 4000, Belg.
SO Eur. J. Contracept. Reprod. Health Care (2000), 5(2), 124-134
CODEN: ECRCFK; ISSN: 1362-5187
PB Parthenon Publishing Group Ltd.
DT Journal
LA English
AB To assess the contraceptive reliability, cycle control and tolerance of a new monophasic oral contraceptive (Yasmin) contg. 30 .mu.g ethinylestradiol and 3 mg **drospirenone** and compare it with a prepn. contg. an equal dose of ethinylestradiol combined with 150 .mu.g desogestrel (Marvelon). A multicenter, open-label, randomized study was carried out in 26 European centers. Contraceptive efficacy, cycle control and tolerance (including body wt., blood pressure and heart rate) were assessed over 26 cycles, plus a 3-mo follow-up period. Of 900 women who were randomized, 887 started treatment and 627 completed the 26 cycles plus follow-up (310 in the ethinylestradiol/**drospirenone** group and 317 in the ethinylestradiol/desogestrel group). Both study prepns. were found to be effective with regard to contraceptive reliability and cycle control was good. There were six pregnancies (three in each group), but none were considered to have been the result of method failures. The subjective and objective tolerances were good in both groups. A statistically significant difference was found in body wt. changes between the two groups. While there was an increase in mean body wt. in the ethinylestradiol/desogestrel group from cycle 5 onward, the mean body wt. per cycle in the ethinylestradiol/**drospirenone** group was slightly below the baseline value throughout the study. The incidence of **premenstrual** symptoms was higher in the ethinylestradiol/**drospirenone** group than in the ethinylestradiol/desogestrel group during the 6 mo prior to the study, but lower during treatment. The rates of dysmenorrhea were identical under both treatments but the symptoms were more often mild and less often severe in the ethinylestradiol/**drospirenone** group. The combination of 30 .mu.g ethinylestradiol combined with 3 mg **drospirenone** provides effective oral contraception and good cycle control, and is well tolerated. Ethinylestradiol/**drospirenone** had a more favorable effect on body wt. than. Ethinylestradiol/desogestrel, with the mean body wt. remaining lower than baseline for the majority of the women.
IT **71138-35-7**, Marvelon **164017-31-6**, Yasmin
RL: BAC (Biological activity or effector, except adverse); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(contraceptive reliability and cycle control and tolerance of monophasic oral contraceptives contg. either **drospirenone** or desogestrel)
RN 71138-35-7 HCAPLUS
CN 19-Norpregna-1,3,5(10)-trien-20-yne-3,17-diol, (17.alpha.)-, mixt. with (17.alpha.)-13-ethyl-11-methylene-18,19-dinorpregn-4-en-20-yn-17-ol (9CI) (CA INDEX NAME)

CM 1

CRN 54024-22-5

CMF C22 H30 O

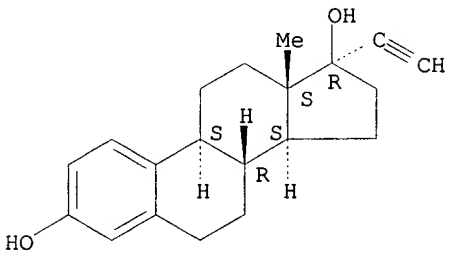
Absolute stereochemistry. Rotation (+).



CM 2

CRN 57-63-6
CMF C20 H24 O2
CDES 4:17A.PREGN

Absolute stereochemistry.

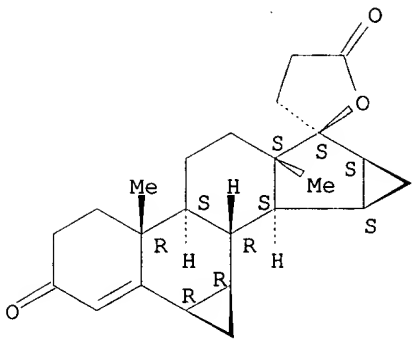


RN 164017-31-6 HCAPLUS
CN 19-Norpregna-1,3,5(10)-trien-20-yne-3,17-diol, (17.alpha.)-, mixt. with (2'S,6R,7R,8R,9S,10R,13S,14S,15S,16S)-1,3',4',6,7,8,9,10,11,12,13,14,15,16,20,21-hexadecahydro-10,13-dimethylspiro[17H-dicyclopropa[6,7:15,16]cyclopenta[a]phenanthrene-17,2'(5'H)-furan]-3,5'(2H)-dione (9CI) (CA INDEX NAME)

CM 1

CRN 67392-87-4
CMF C24 H30 O3

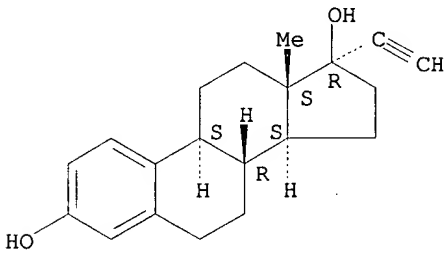
Absolute stereochemistry.



CM 2

CRN 57-63-6
CMF C20 H24 O2
CDES 4:17A.PREGN

Absolute stereochemistry.



RE.CNT 11
RE
(1) Fuhrmann, U; Contraception 1996, V54, P243 HCAPLUS
(2) Huber, J; Eur J Contracept Reprod Health Care 2000, V5, P25 HCAPLUS
(3) Kuhl, H; Drugs 1996, V51, P188 HCAPLUS
(4) Muhn, P; Contraception 1995, V51, P99 HCAPLUS
(6) Oelkers, W; J Clin Endocrinol Metab 1991, V73, P837 HCAPLUS
ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> d bib abs hitstr 3

L28 ANSWER 3 OF 4 HCAPLUS COPYRIGHT 2001 ACS
AN 1999:193986 HCAPLUS
DN 130:213664
TI Hormonal contraceptive
IN Hesch, Rolf-Dieter
PA Germany
SO PCT Int. Appl., 23 pp.
CODEN: PIXXD2
DT Patent
LA German
FAN.CNT 1

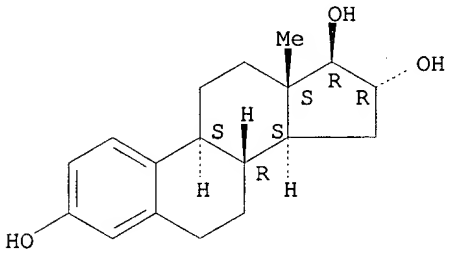
	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9912531	A2	19990318	WO 1998-DE2636	19980903
	WO 9912531	A3	19990923		
	W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DK, EE, ES, FI, GB, GE, GH, GM, HR, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	DE 19739916	A1	19990318	DE 1997-19739916	19970911
	DE 19739916	C2	20010913		
	AU 9911409	A1	19990329	AU 1999-11409	19980903
	EP 1011682	A2	20000628	EP 1998-954135	19980903
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI				
PRAI	DE 1997-19739916	A	19970911		
	WO 1998-DE2636	W	19980903		

AB A hormonal contraceptive comprises a 1st hormonal component contg. .gtoreq.1 gestagen or antigestagen and a 2nd hormonal component contg. .gtoreq.1 estrogen or antiestrogen, for continuous and combined administration. This compn. inhibits ovulation and guarantees high contraceptive efficiency and reliable suppression of the menstrual cycle at very low doses, and can be used to treat mammary tumors. Continuous administration of estrogen favorably affects **premenstrual** syndrome and does not alter the equil. in the blood coagulation system, thereby avoiding the risk of thrombosis. The hormones may be administered orally, transdermally, intravaginally, or as sustained-release injections or implants. Thus, daily consumption of a tablet contg. 5 .mu.g ethynylestradiol and 2 mg norethisterone acetate by women for 9 mo provided good contraception and complete suppression of menstruation with practically no side effects.

IT **50-27-1**, Estriol **50-28-2**, 17.beta.-Estradiol, biological studies **51-98-9**, Norethisterone acetate **52-76-6**, Lynestrenol **53-16-7**, Estrone, biological studies **57-63-6**, Ethynylestradiol **57-83-0**, Progesterone, biological studies **57-91-0**, 17.alpha.-Estradiol **71-58-9**, Medroxyprogesterone acetate **72-33-3**, Mestranol **302-22-7**, Chlormadinone acetate **427-51-0**, **Cyproterone** acetate **797-63-7**, Levonorgestrel **979-32-8**, Estradiol valerate **5630-53-5**, Tibolone **10540-29-1**, Tamoxifen **24749-37-9**, Estrane **54024-22-5**, Desogestrel **58652-20-3**, Lutenyl **84371-65-3**, RU 486 **84449-90-1**, Raloxifene
RL: BAC (Biological activity or effector, except adverse); BIOL (Biological study)

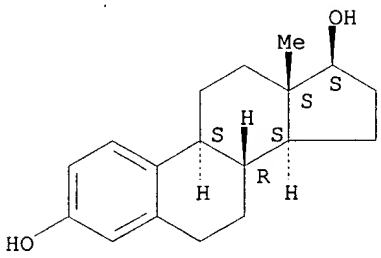
(hormonal contraceptive)
RN 50-27-1 HCAPLUS
CN Estra-1,3,5(10)-triene-3,16,17-triol, (16.alpha.,17.beta.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



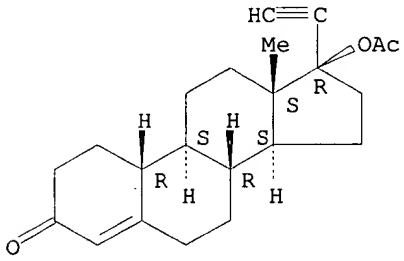
RN 50-28-2 HCAPLUS
CN Estra-1,3,5(10)-triene-3,17-diol (17.beta.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



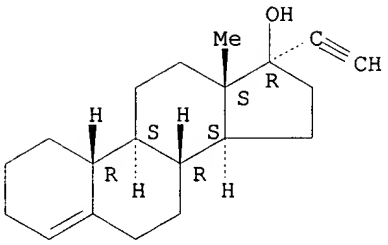
RN 51-98-9 HCAPLUS
CN 19-Norpregn-4-en-20-yn-3-one, 17-(acetyloxy)-, (17.alpha.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



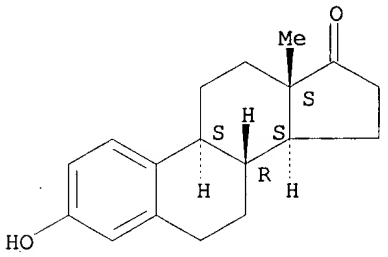
RN 52-76-6 HCAPLUS
CN 19-Norpregn-4-en-20-yn-17-ol, (17.alpha.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



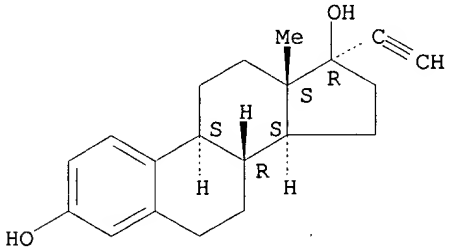
RN 53-16-7 HCAPLUS
CN Estra-1,3,5(10)-trien-17-one, 3-hydroxy- (9CI) (CA INDEX NAME)

Absolute stereochemistry. Rotation (+).



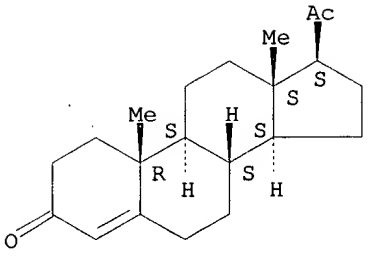
RN 57-63-6 HCAPLUS
CN 19-Norpregna-1,3,5(10)-trien-20-yne-3,17-diol, (17.alpha.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



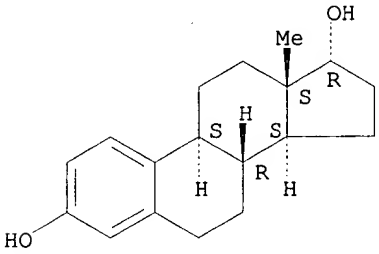
RN 57-83-0 HCAPLUS
CN Pregn-4-ene-3,20-dione (9CI) (CA INDEX NAME)

Absolute stereochemistry.



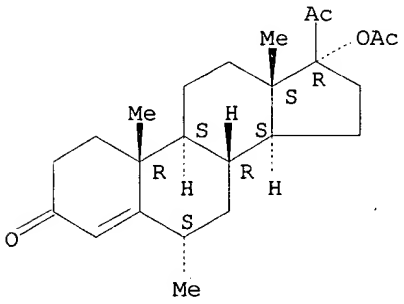
RN 57-91-0 HCAPLUS
CN Estra-1,3,5(10)-triene-3,17-diol, (17.alpha.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



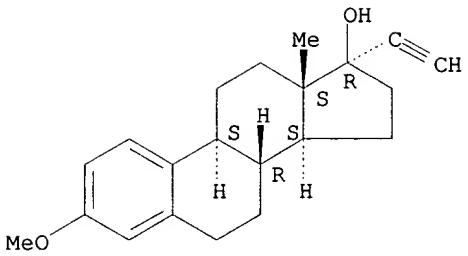
RN 71-58-9 HCAPLUS
CN Pregn-4-ene-3,20-dione, 17-(acetyloxy)-6-methyl-, (6.alpha.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



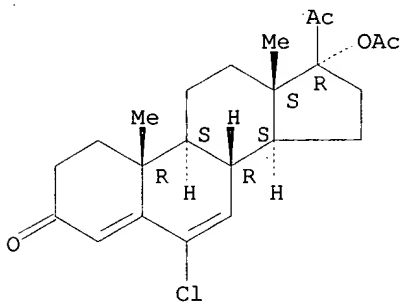
RN 72-33-3 HCAPLUS
CN 19-Norpregna-1,3,5(10)-trien-20-yn-17-ol, 3-methoxy-, (17.alpha.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



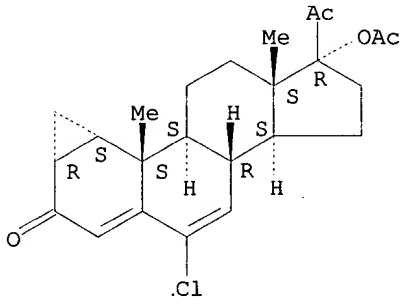
RN 302-22-7 HCAPLUS
CN Pregna-4,6-diene-3,20-dione, 17-(acetyloxy)-6-chloro- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



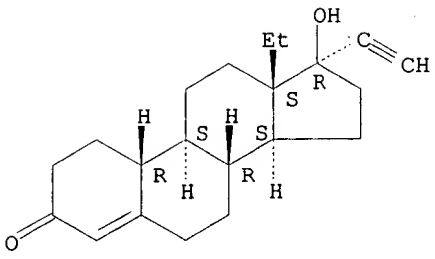
RN 427-51-0 HCAPLUS
CN 3'H-Cyclopropa[1,2]pregna-1,4,6-triene-3,20-dione, 17-(acetyloxy)-6-chloro-1,2-dihydro-, (1.beta.,2.beta.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



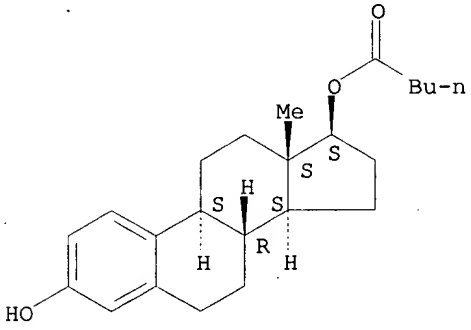
RN 797-63-7 HCAPLUS
CN 18,19-Dinorpregn-4-en-20-yn-3-one, 13-ethyl-17-hydroxy-, (17.alpha.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



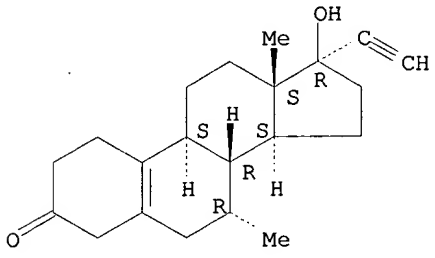
RN 979-32-8 HCAPLUS
CN Estra-1,3,5(10)-triene-3,17-diol (17.beta.)-, 17-pentanoate (9CI) (CA INDEX NAME)

Absolute stereochemistry.



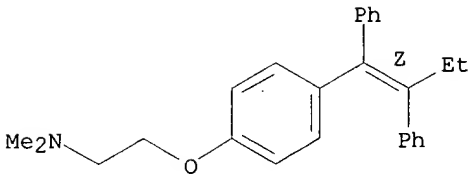
RN 5630-53-5 HCAPLUS
CN 19-Norpregn-5(10)-en-20-yn-3-one, 17-hydroxy-7-methyl-, (7.alpha.,17.alpha.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



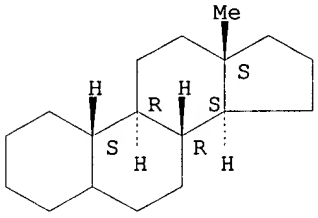
RN 10540-29-1 HCAPLUS
CN Ethanamine, 2-[4-[(1Z)-1,2-diphenyl-1-butenyl]phenoxy]-N,N-dimethyl- (9CI) (CA INDEX NAME)

Double bond geometry as shown.



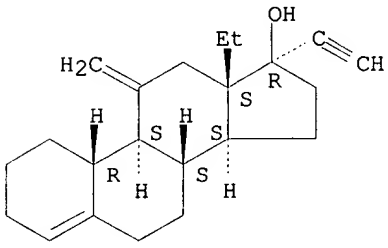
RN 24749-37-9 HCAPLUS
CN Estrane (8CI, 9CI) (CA INDEX NAME)

Absolute stereochemistry.



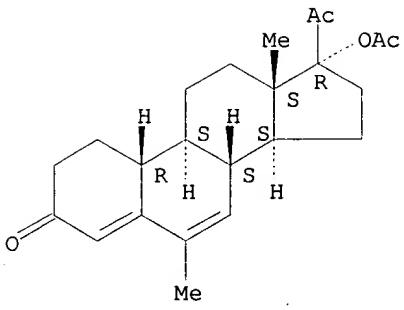
RN 54024-22-5 HCAPLUS
CN 18,19-Dinorpregn-4-en-20-yn-17-ol, 13-ethyl-11-methylene-, (17.alpha.)-(9CI) (CA INDEX NAME)

Absolute stereochemistry. Rotation (+).



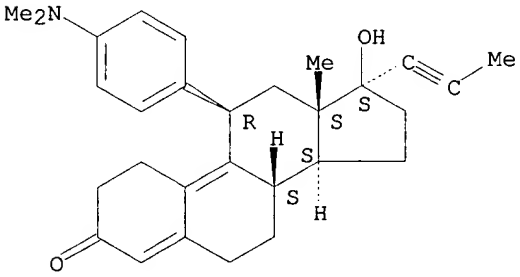
RN 58652-20-3 HCAPLUS
CN 19-Norpregna-4,6-diene-3,20-dione, 17-(acetyloxy)-6-methyl- (9CI) (CA INDEX NAME)

Absolute stereochemistry.

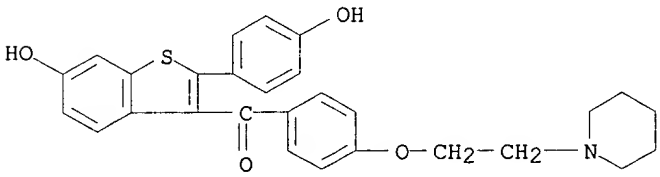


RN 84371-65-3 HCAPLUS
CN Estra-4,9-dien-3-one, 11-[4-(dimethylamino)phenyl]-17-hydroxy-17-(1-propynyl)-, (11.beta.,17.beta.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



RN 84449-90-1 HCAPLUS
CN Methanone, [6-hydroxy-2-(4-hydroxyphenyl)benzo[b]thien-3-yl][4-[2-(1-piperidinyl)ethoxy]phenyl]- (9CI) (CA INDEX NAME)



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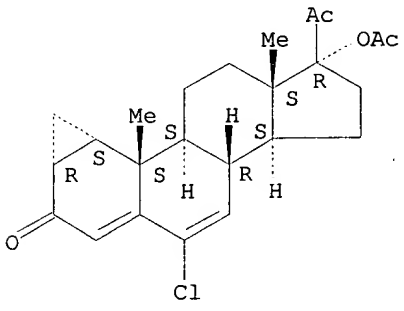
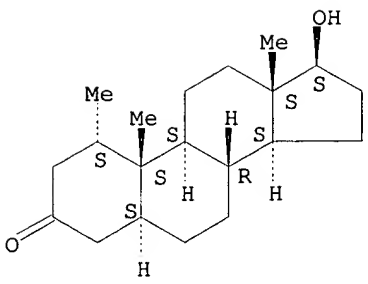
L28 ANSWER 4 OF 4 HCAPLUS COPYRIGHT 2001 ACS
AN 1975:68678 HCAPLUS
DN 82:68678
TI "Psychotropic" action of sex hormones. Computerized EEG [electroencephalograph] in establishing the immediate CNS [central nervous system] effects of steroid hormones
AU Itil, Turan M.; Cora, Renan; Akpinar, Sevket; Herrmann, Werner M.; Patterson, Carroll J.
CS New York Med. Coll., New York, N. Y., USA
SO Curr. Ther. Res., Clin. Exp. (1974), 16(11), 1147-70
CODEN: CTCEA9
DT Journal
LA English
GI For diagram(s), see printed CA Issue.
AB Quant. pharmacoelectroencephalog. studies in man indicated that high doses of mesterolone (I) [**1424-00-6**] (1600 mg) had both central nervous system (CNS) inhibitory and stimulatory effects (increased both slow and fast activities, decreased alpha frequencies), whereas low doses (1 mg) had definite CNS stimulating effects (increased alpha and slow beta activity, decreased slow and very fast activity). **Cyproterone** acetate (II) [**427-51-0**] had CNS inhibitory action at high doses (increased fast waves and decreased slow waves in both primary wave and 1st deriv. measurements) and CNS inhibitory, along with some stimulatory effects in low doses (increased both very slow and very fast activity). In pilot clin. trials, I was effective in the treatment of depression in males, whereas II was effective in treatment of male anxiety in low doses and alleviated symptoms of the **premenstrual** syndrome in high doses.
IT **427-51-0 1424-00-6**
RL: BIOL (Biological study)
(brain elec. activity response to)
RN 427-51-0 HCAPLUS
CN 3'H-Cyclopropa[1,2]pregna-1,4,6-triene-3,20-dione, 17-(acetyloxy)-6-chloro-1,2-dihydro-, (1.beta.,2.beta.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



RN 1424-00-6 HCAPLUS
CN Androstan-3-one, 17-hydroxy-1-methyl-, (1.alpha.,5.alpha.,17.beta.)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.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